Mail completed form to:

WYOMING BOARD OF PROFESSIONAL GEOLOGISTS 500 South Third Street LARAMIE WY 82070-3628 (307) 742-1118

DATE RECEIVED \_\_\_\_\_ DATE REVIEWED \_\_\_\_

## COMPLAINT FORM

NAME  COMPANY NAME  ADDRESS  CITY STATE ZIP  PERSON FILING COMPLAINT:	
ADDRESS  CITY STATE ZIP  PERSON FILING COMPLAINT:	
CITY STATE ZIP  PERSON FILING COMPLAINT:	
PERSON FILING COMPLAINT:	
NAME:	
NAME	
ADDRESS	PHONE NUMBERS
CITY STATE ZIP I	HOME ( )
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD?	BUSINESS ( )
DETAILS OF COMPLAINT:	
Have you communicated your concern to the person or company?  If yes, on what date and by what means:	YES[] NO[]
Did the person or the company respond? What was said or done?	YES[] NO[]
What is the nature of the alleged violation?	
Name, address and telephone number of any attorney assisting you:	

Include the sequence of events surrounding your complaint, date(s) of occurrence, the names of witnesses and copies of documents, reports and/or photographs pertinent to your complaint.		
ereby affirm that the preceding is true to the best of m	y information and belief:	